

Vaccine Doses Administered Exercise 2010

Results Sharing Webinar

January 19, 2011
1:00 pm CT

Coordinator: At this time all lines are in a listen only mode. After the presentation, we will conduct a question and answer session. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the meeting over to your host Ms. Michelle Renshaw.

Michelle Renshaw: **[Title Slide]** Hello everyone and thank you for joining us today for our DAX 2010 Lite results sharing Webinar. **[Slide 2]** Today we are going to cover the background of our DAX 2010 exercise. We are going to talk about the actual results: the number of participants and how many doses administered were reported.

We are also going to go over some of the feedback that we received from the survey. Thank you all so much for responding to our survey. Then we are going to go over some of the lessons that we felt we learned from this exercise and talk about our next steps and then we will open it up for questions, comments and any feedback or lessons learned that you all would like to contribute, which would be greatly appreciated.

[Slide 3] First of all we will go over the background of our exercise again. We had a minimum of two clinics per week for two consecutive weeks, making a total of four clinics. Our timeframe for our exercise began on Monday, October 25th, and we reported the final counts on Tuesday, November 9th. The first reporting date was Tuesday, November 2nd.

Each Project Area was responsible for submitting aggregate doses administered counts for the reporting period based on the MMWR week which is Sunday through Saturday. The deadline for each reporting period was Tuesday at 11:59 pm local time for the reporting jurisdiction.

[**Slide 4**] This is our slide that shows the different options that were available for reporting in CRA. For DAX 2010 Lite, we had twelve Project Areas use Option 1, six of you used Option 2 and we had one that was using Option 3.

[**Slide 5**] Here are the results that we have from our exercise for the reporting period which started Sunday, 10/24 through 11/9. The total number of doses administered for the entire period was 294,386, and we had 19 Project Areas participate.

[**Slide 6**] This map shows those areas that did participate in DAX 2010. It was nice to see that we had a very broad range, geographically, of participation.

[**Slide 7**] Now we are going to discuss a few measures for the CRA exercise. The first of those is timeliness.

Timeliness is defined as sending the weekly aggregate data by 11:59 pm on the Tuesday following the reporting week. For DAX 2010, the two blue blocks are the timeliness results for the first reporting week and the purple blocks are the results for the second reporting week.

I believe that part of the reason that we have 79% for our first reporting week is because that particular Tuesday was election day so many Project Areas did not report until the following Wednesday, which we allowed everyone to do but we are showing exactly what our numbers were here.

We improved for the second reporting week. We had 84% participants meet the 11:59 p.m. deadline on Tuesday and with all areas reporting, we had 89% for meeting it by noon on the following day.

[Slide 8] Our next graph looks at responsiveness. Responsiveness is defined as the number of weeks the Project Area reported aggregate data to CRA during the DAX 2010 Lite Exercise.

Again, for this exercise two weeks needed to be reported. The red bar indicates 17 Project Areas reported both weeks of the exercise and the blue bar indicates that we had 18 Project Areas that reported by an extended deadline of 11/19.

I believe one Project Area was a little late getting started and we went ahead and accepted their data and that is why the difference is there.

[Slide 9] Aggregation method among web entry aggregate users. For Option 1, of those that used the file transfer method to report your data, there were twelve total that used Option 1. And so half of you used the pipe delimited format and used CRA as the transport mechanism. Four used an XML format for the data and also used CRA as the transport mechanism and only two areas used PHINMS as their transport mechanism but they sent their data using XML.

[Slide 10] Now we are going to go over some of the results that we had from the questionnaire that we sent out. We asked all the Project Areas who participated to complete an anonymous online questionnaire. We had very good participation and I am very happy to see that we had 94.7%, or 18 of the 19 Project Areas that completed the poll. We had 20 responses because we

think that maybe two different people in the Project Areas each took the survey. So we had actually 20 responses but they were only for 18 different Project Areas.

There were nine questions on the questionnaire that highlighted the ease of use using CRA, the effectiveness of the communication from CDC, the benefits of these annual exercises, any issues or barriers that were encountered, what kinds of issues or barriers were encountered, and also any feedback to improve future exercises.

[**Slide 11**] The following are some of the results that we received. The first graph indicates the first question that was on the survey. We asked you all to indicate how easy was it to use CRA to report data to the CDC. The red bar represents the responses from those who used Option 1 and the blue bar in the graph represents the responses from those who used Option 2 and 3.

As you can see, the majority responded it was either very easy or easy. That was good to see.

[**Slide 12**] The next question asked you to rate your experience with the level of support provided by CDC. Again we have the responses grouped by Option 1 and Option 2 and 3 users.

Regarding communication, ten out of twelve of Option 1 users said that it was adequate or very adequate, and seven out of eight of the Option 2 and 3 users said the same. So you can see the results there. Overall, these were all very positive responses.

[**Slide 13**] Our third question was: how beneficial did you find this voluntary exercise in maintaining preparedness efforts, for tracking and reporting doses

administered? A very high majority of 80% responded it was either very beneficial or beneficial.

None said it was not useful at all or not applicable, so that was good to see. A few were neutral and some of you did not think it was beneficial.

[Slide 14] The fourth question in our questionnaire was: how beneficial do you consider participation in annual CRA exercises to maintain a level of engagement with CRA in preparedness efforts? Again we received overall the same response. 80% of you said it was either very beneficial or beneficial.

[Slide 15] For the fifth question, we asked the same question to both the Option 1 and the Option 2 and 3 users with different answer selections because any issues would have been different across different groups.

For the Option 1 users, we asked what technical issues, if any, did you encounter reporting data to CDC. Ten out of twelve had problems with your data file formatting. Two replied that you had some SDN issues and two said the issues that they had were not applicable so I am assuming those were issues that had nothing to do with CRA.

[Slide 16] The same question was asked of the Option 2 and 3 users but again, the answers were different. Three of you experienced some technical issues entering aggregate accounts into CRA. One experienced an issue with designating someone as the public health administrator. None of you reported any internal communication issues. Two had some SDN digital certificate issues and three had issues that were not applicable to the user of CRA.

[Slide 17] As a result, here are some of the successes that we feel we had and also some of the challenges that we had from our DAX 2010 exercise.

Successes are that we had nearly 100% of the weekly reporting from all the Project Areas. Project Areas were very timely and responsive in their reporting and we had very good success rates in the participation from the Project Areas for our webinars, our trainings and accessing our web pages.

Some of the challenges that we saw during this exercise were operational logistics at the Project Area level, digital certificate issues and some programmatic technical issues. There were some PHINMS issues. We had some issues with uploading information and data file formatting and also setting up user roles.

[Slide 18] As a result, some of the lessons that we feel that we have learned from this exercise is that it provided an opportunity for the Project Areas to identify issues and improve upon new or unfamiliar processes. It also allowed the Project Areas to test any of their new systems, any security changes and also to help address any concerns derived from staff vacancies or turnover.

The exercise also helped to identify gaps in the data collection processes in several Project Areas.

Several of the Project Areas felt that the two week reporting time frame was not long enough to fully engage in the exercise and multiple Project Areas found that system navigation menus for Option 2 were confusing and we are considering renaming of the options on the menu to correct that.

We also learned that maintaining clear communication and guidance during the pre-exercise period helps enable the smooth execution on the first day of the exercise.

Another lesson that we feel we learned was that we are going to implement some procedures to insure that the feedback questionnaire respondents are able to submit only one response per Project Area to maintain the questionnaire integrity and have a true representation of the result.

[**Slide19**] For 2011, CRA is planning to continue to seek supplemental funding opportunities to assist Project Areas. Additionally, we are going to explore some opportunities where CRA can be used to track and monitor other preparedness events, not just the Pan Flu or vaccine preparedness events. We are actually planning to participate with the state of Wyoming in an Anthrax exercise that they are going to be conducting in March and April and we have been speaking at length for quite some time with other staff at CDC about participating in a radiological exercise.

At this time, CDC is not planning to pursue any additional doses administered activities or exercise for 2011.

[**Slide 20**] As always here is the contact information. This has not changed at all but we just want to show it again for anyone. We will actually leave this screen up; our next slide is to ask for any questions or comments.

I am going to ask the operator now to open the lines. If anyone has any questions or comments that they would like to make, we'd be happy to hear them and answer them.

Coordinator: Thank you. To ask your question, press star 1. The system will prompt you to record your name. To withdraw your request, press star 2. Once again, to ask your question, press star 1. One moment please. To ask a question, press star 1.

At this time I have no questions.

Michelle Renshaw: Okay. I want to thank everyone for your participation again. We truly did appreciate it and we look forward to working with you all. You can go ahead and go to the next slide.

If you have any further comments or questions that you wish to add, you may contact Sarah Waite, our communications lead, via email and send her a message. She will provide an answer and pass it along to the rest of us as well.

Again we appreciate all your participation and thank you again.

Coordinator: This concludes today's conference. Thank you for participating.

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